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CONFIRMATION NO. 1397

SERIAL NUMBER 10/550,919	FILING OR 371(c) DATE 09/01/2006 RULE	CLASS 514	GROUP ART UNIT 1609	ATTORNEY DOCKET NO. OB080-000B/DWN
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## APPLICANTS

Jude A. Oben, London, UNITED KINGDOM;  
 Anna M. Diehl, Ellicott City, MD;

## \*\* CONTINUING DATA \*\*\*\*

This application is a 371 of PCT/GB04/01323 03/24/2004 which claims benefit of 60/458,450 03/28/2003  
 and claims benefit of 60/466,646 04/30/2003  
 and claims benefit of 60/493,559 08/08/2003  
 and claims benefit of 60/503,142 09/12/2003

*(P.R. 06/26/2007)*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/06/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	UNITED KINGDOM	6	18	1
Verified and Acknowledged	<i>KCPR 06/26/2007</i> <i>KCPR</i> Examiner's Signature Initials				

## ADDRESS

24350

## TITLE

Method of treating liver disease

FILING FEE RECEIVED 640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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